

FIG. 1



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O I P E J C 1 3 8
P A T E N T & T R A D E M A R K O F F I C E

2/41

Terrace Security Corporation
Online Applications Management Console

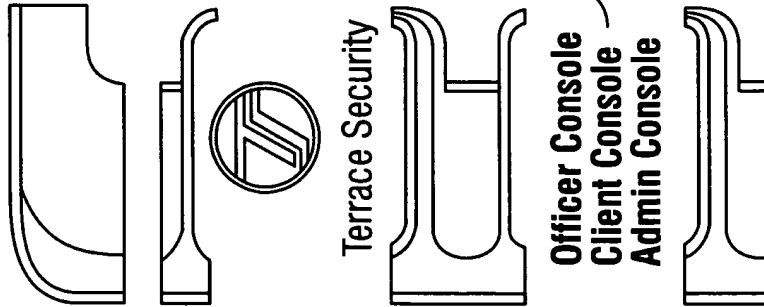


FIG. 2



3/41

Terrace Security Corporation
Officer Console

Please enter your badge number and password to continue:

Badge Number 305

Password 310

315

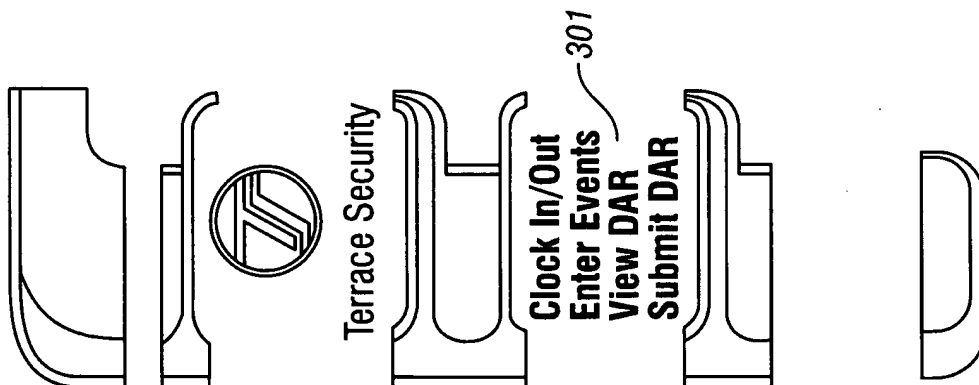
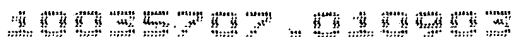


FIG. 3



Officer Console

Logged In: Neely, Bernard

Clock In/Out

Time In

Property -420

Terrace @ Willowbrook

Shift Code

-425

Radio Number

-430

Comments

Clock In/Out

Enter Events

View DAR

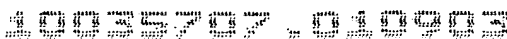
Submit DAR

Log Out

-440

Clock In

FIG. 4



Officer Console

Logged In: Neely, Bernard

Enter Event

Open Shifts

Time In

9:18:26 AM

Terrace Security

○ 9:39:48 AM

Add Event

Time Out — 471

Clock In/Out

Enter Events

View DAR

Submit DAR

Log Out

100

AM

00 : 1

▶ AM

Event Code

1600 - Abandonment of a Child

Comments

Add

FIG. 4A

495

Property 464

Terrace @ Willowbrook

Terrace @
Willowbrook

Time In — 472

00

▶ AM

474 -480

100

-490

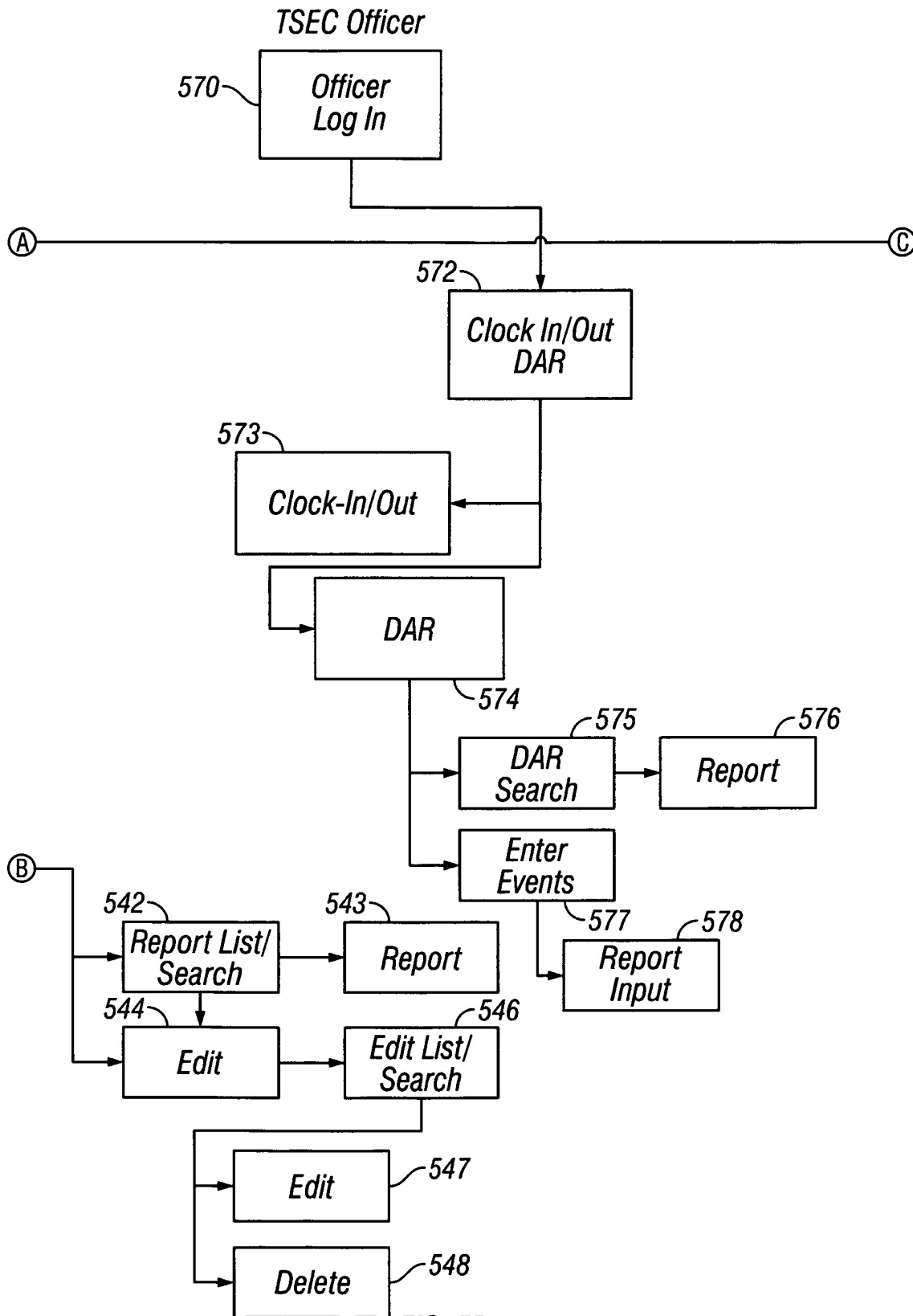
Add

TSEC Manager



FIG. 5A

7/41



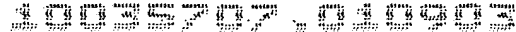


FIG. 5C



FIG. 6

10/41

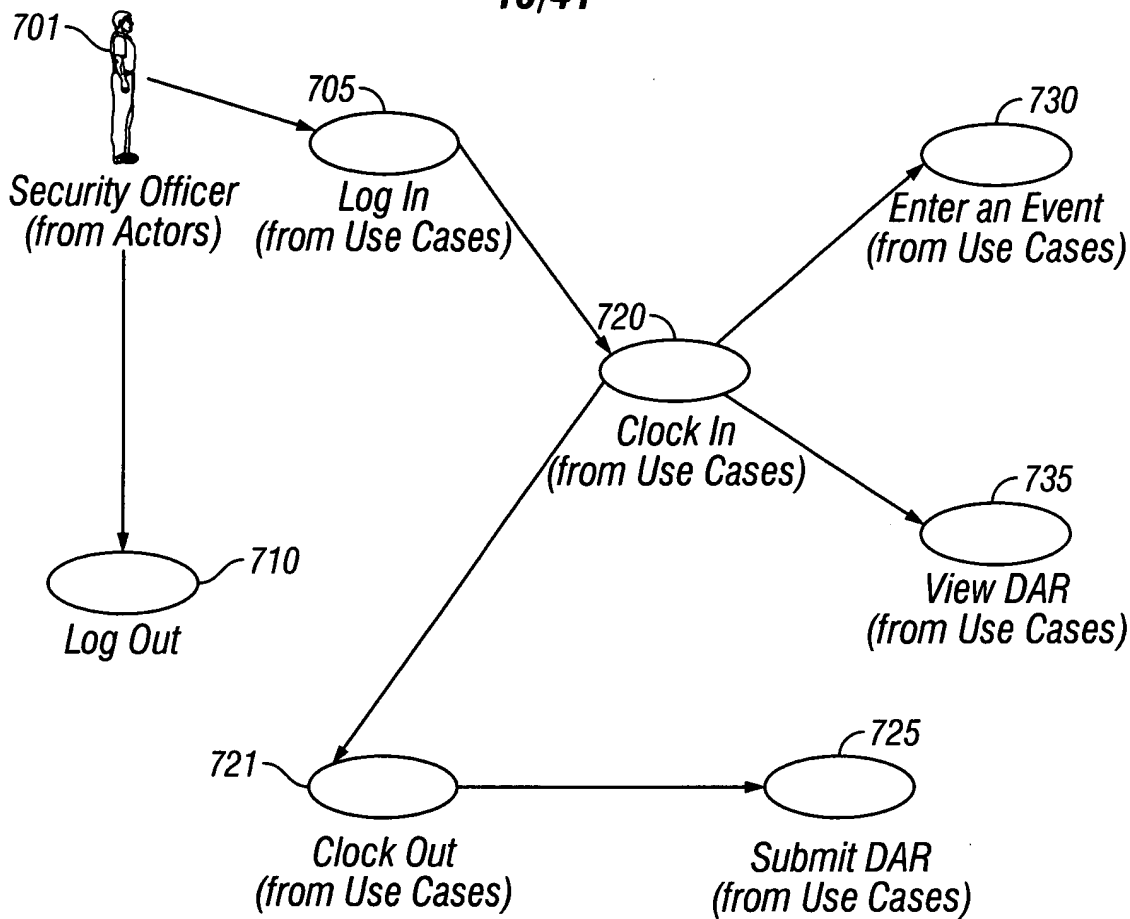
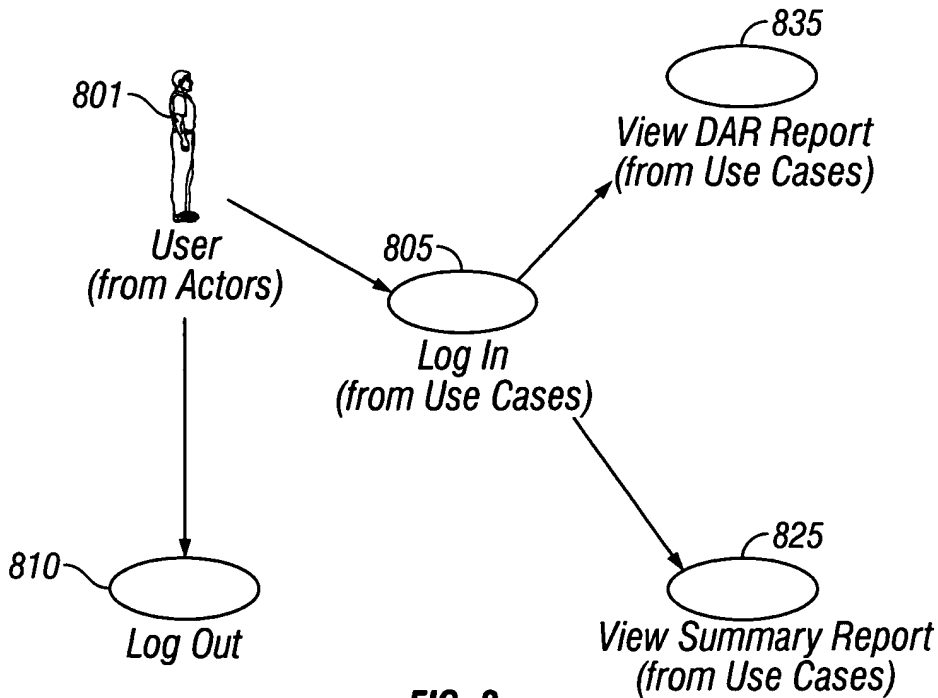
**FIG. 7**

FIG. 8



11/41

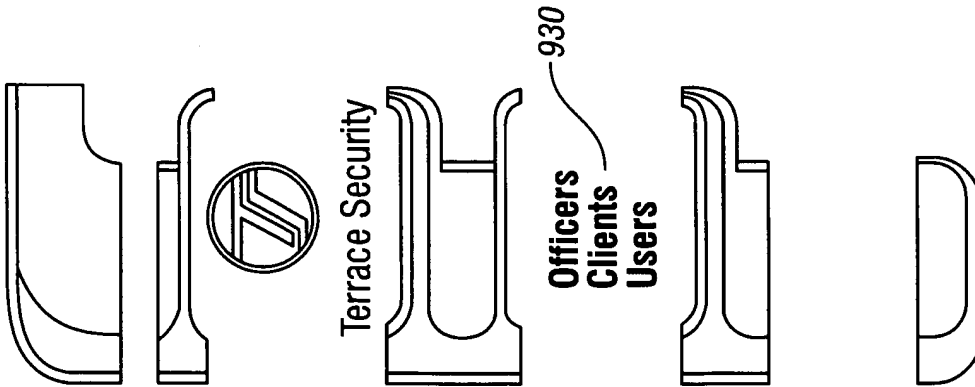
Terrace Security Corporation
Online Applications Management Console
Please enter your UserID and password to continue:

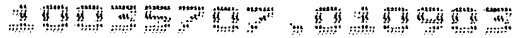
UserID 901

Password 910

920

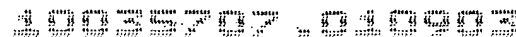
FIG. 9





D

FIG. 10

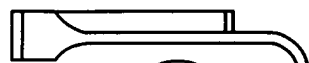
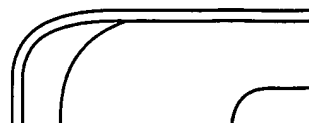


13/41

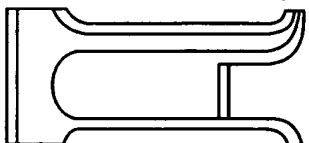
Terrace Security Corporation
Secured Reporting Console

Logged In: Borgman, Steve

Daily Activity Report

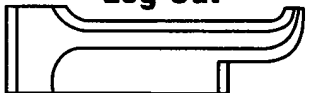


Terrace Security



**DAR
Summary**

Log Out



Shift 1

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgdzg	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

Shift 2

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

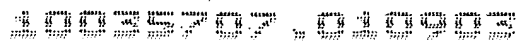
Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

Shift 3

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

FIG. 11A



Shift 4

Post
Memorial City Mall
Time Out
10/12/2000 5:05:08 PM
Radio Number
sdf

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Post
Memorial City Mall
Time Out
11/17/2000 11:38:04 AM
Radio Number

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		Y
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Post
Memorial City Mall
Time Out
11/17/2000 11:40:56 AM
Radio Number
234

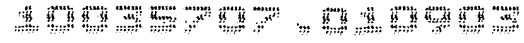
Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Post
Memorial City Mall
Time Out
11/20/2000 8:01:52 AM
Radio Number
asf

xsg	Time In	Time Out	Code	Comments	IR

FIG. 11B



15/41

Guard
Calamari, Manni
Time In
11/20/2000 8:02:02 AM
Shift Code
tewt
Comments
asretae

Post
Memorial City Mall
Time Out
11/21/2000 3:12:03 PM
Radio Number
tet

Time In	Time Out
2:03:00 AM	5:00:00 AM

Code	Comments
1604	comment

IR
Y**Shift 9**

Guard
Calamari, Manni
Time In
11/21/2000 3:12:18 PM
Shift Code
wer
Comments
erwer

Post
Memorial City Mall
Time Out
11/21/2000 3:17:34 PM
Radio Number
werwer

Time In	Time Out
1:00:00 AM	2:00:00 AM
5:00:00 AM	6:00:00 AM
5:00:00 AM	6:00:00 AM

Code	Comments
1610	comments
1607	ar
1607	ar

IR
Y
Y
Y

Shift 10

Guard
Calamari, Manni
Time In
11/21/2000 3:56:21 PM
Shift Code
we
Comments
qr

Post
Memorial City Mall
Time Out
11/21/2000 4:07:48 PM
Radio Number
wet

Time In	Time Out
1:00:00 AM	1:00:00 AM
8:00:00 AM	9:00:00 AM
1:00:00 AM	1:00:00 AM
1:00:00 AM	1:00:00 AM
1:00:00 AM	1:00:00 AM

Code	Comments
1607	comment
1604	
1605	comment goes here...
1600	
1600	

IR
Y
Y
Y
Y
Y

Shift 11

Guard
Calamari, Manni
Time In
11/21/2000 9:09:58 PM
Shift Code
wr3
Comments
wrwaer
Time In Time Out

Post
Memorial City Mall
Time Out
11/22/2000 9:20:43 AM
Radio Number
wer

Code	Comments
FIG. 11C	

IR



16/41

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

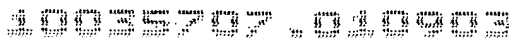
Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	



Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	Y

FIG. 11D



D

Officer Admin

17/41

1230

Delete Selected Officer

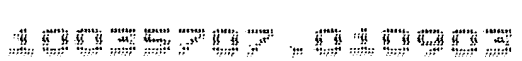
Edit Selected Officer > >

~OR~

1240

Add New Officer

FIG. 12



18/41



Terrace Security Corporation
Officer Console

Logged In: Neely, Bernard

Incident Report

TSC Case #
8

HPD Case #

Incident Code/Type	Location
1605 - Aggravated Robbery	

Date/Time Reported

12 / 30 / 2000 12:00 AM PM

Date/Time Occurred

12 / 30 / 2000 12 : 00 AM PM

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

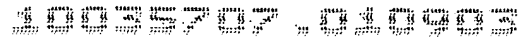
Last Name First Name

First Name	MI
------------	----

MI

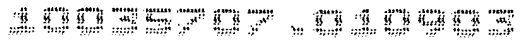
$$\odot \text{SU} \quad \circ \text{C} \quad \circ \text{W}$$

FIG. 15A



Residence Phone	<input type="text"/>	Business Phone	<input type="text"/>	DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		<input type="text"/>		SSN	<input type="text"/>	DL	<input type="text"/>	
Employer		<input type="text"/>		Department/Property		<input type="text"/>		
Suspect is Minor	Parent/Guardian Notified	By Whom	<input type="text"/>	Name of Notified	<input type="text"/>	Time	<input type="text"/>	<input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No							
Identifying Information #2								
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	Last Name	<input type="text"/>	First Name	<input type="text"/>	MI	<input type="text"/>		
Residence Phone	<input type="text"/>		Business Phone	<input type="text"/>		DOB	<input type="text"/>	<input type="text"/>
<input type="text"/>			<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		SSN	<input type="text"/>	DL	<input type="text"/>		
<input type="text"/>			<input type="text"/>			<input type="text"/>		

FIG. 15B



Employer	<input type="text"/>			Department/Property	<input type="text"/>
Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text" value="12"/> : <input type="text" value="00"/>	<input type="radio"/> AM <input checked="" type="radio"/> PM
<hr/>					
Identifying Information #3					
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W	Last Name	First Name	MI		
Residence Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	Business Phone	<input type="text"/>	DOB	<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2000"/>	
Address	<input type="text"/>	SSN	DL	<input type="text"/>	
Employer	<input type="text"/>		Department/Property	<input type="text"/>	

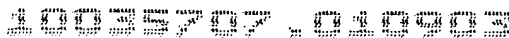
FIG. 15C



00035797 010903

Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/> AM <input type="radio"/> PM
<hr/>				
Vehicle Info #1				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W				
Year Towed	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Make	<input type="text"/>			
Model	<input type="text"/>			
Color	<input type="text"/>			
License Plate #	<input type="text"/>			
VIN	<input type="text"/>			
<hr/>				
Vehicle Info #2				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W				
Year Towed	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Make	<input type="text"/>			
Model	<input type="text"/>			
Color	<input type="text"/>			
License Plate #	<input type="text"/>			
VIN	<input type="text"/>			
<hr/>				
Vehicle Info #3				
<input checked="" type="radio"/> SU <input type="radio"/> C <input type="radio"/> W				
Year Towed	<input type="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Make	<input type="text"/>			
Model	<input type="text"/>			
Color	<input type="text"/>			
License Plate #	<input type="text"/>			
VIN	<input type="text"/>			

FIG. 15D



D

[illegible]

<div><div></div><div></div><div></div></div>	
--	--

[illegible]

By Whom

◀		▶

FIG. 15E

FIG. 15E



30035402, 0000003

Terrace Security Corporation
Officer Console

Incident Investigation Report

TSC Case #

I. General Information

Date of Incident: / / Time of Incident: : am pm

Day of Week: Monday

Date Reported to You: / / Time Reported to You: : am

pm By Whom:

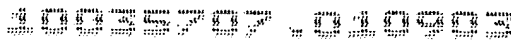
Property
Name &
Location:

Specific Location of Incident:

(describe all identifying factors of exact place of incident:
measurements, directions, etc.)

FIG. 16A

25/41



26/41

Complete Sections I, II, VII & IX

☐ Female

ISSN:

Phone #: ()

Physical Disabilities:

Source: *U.S. Census Bureau, 1990*

11

1000000

Position:

Address:

Phone #: ()

FIG. 16B



U.S. PATENT & TRADEMARK OFFICE

27/41

Driver's License # State: Date of Expiration : / /

Vehicle Description: License Plate # : State:

Vehicle Insurance?: ☐ Yes ☐ No Insurance Company:

Policy # Policy Holder:

III. FIRST AID (treatment Rendered to stabilize Complainant)

☐ Not Offered - why?

☐ Offered

☐ Offer Declined

By whom; why?

☐ Taken to Hospital

Hospital Name?

Taken by: ☐ Ambulance ☐ HFD Unit # Paramedic's Name

FIG. 16C

28/41

☐ Self ☐ Other, Explain: ☐ Other, Explain:

Taken at Whose Request? ☐ Complainant ☐ Other, Explain:

Emergency Contact Notified? ☐ Yes ☐ No ☐ N/A Name of Contact:

IV. CONDITION OF THE COMPLAINANT (For SLIP/FALL INCIDENT Only)

A. BEFORE the Incident

Carrying anything? ☐ Yes ☐ No If yes, what was being carried?

B. AFTER the Incident

Describe any visible injury or damage to clothing

Complainant's description of any injury and where on their body it's located

FIG. 16D

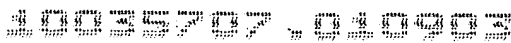
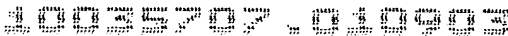
[illegible][illegible]

Figure 1

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Was the minor accompanied by anyone at the time of the Incident? ☐ Yes ☐ No If yes, who?

FIG. 16E



30/41

[illegible]

A. Description of the Incident Site

1. Type of Walkway:

2. Surface material:

FIG. 16F



90035707, 90035708

31/41

- ☐ Carpet ☐ Vinyl tile ☐ Ceramic tile ☐ Terrazo ☐ Marble ☐ Quarry Tile ☐ Rug
☐ Grass ☐ Concrete ☐ Asphalt ☐ Gravel ☐ Metal ☐ Dirt ☐ Other-describe

3. Foreign substance present? (Soda, water, ice, snow, etc.) ☐ Yes ☐ No

What does substance appear to be?

Describe substance: Color

Odor

Amount

Spill pattern

Describe: Texture

FIG. 16G



100574-040003

32/41

(oily, gritty, bubbly, etc.) Consistency (melted, crushed, solid, etc.)

4. Skid/streak marks ☐ Yes ☐ No Substance on shoes or clothing ☐ Yes ☐ No

How did substance come to be on the floor?

5. Any other object involved? ☐ Yes ☐ No If yes, describe object/composition

Location of object

Reason for location of object

Anything unusual about object?

(broken, unstable, not in usual place, etc.)

B. Unusual Surface Conditions Present? ☐ Yes ☐ No If yes, describe nature of condition

FIG. 16H



40055707, 0409993

Dimensions Debris present? ☐ Yes ☐ No If yes, describe

C. Lighting Conditions

1. ☐ Natural ☐ Artificial-describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?

☐ Yes ☐ No If yes, explain

D. Weather Conditions

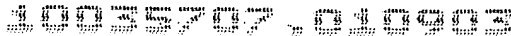
Describe outdoor weather, even if incident was inside

(cloudy, sunny, snowing, raining, etc.)

VII. **PHOTOGRAPHS**

Were photos taken? ☐ Yes ☐ No How many?

FIG. 16I



Date & Time Taken	Where are photos stored?

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

Name _____ Address _____

City State

1000

Zip _____

Phone#

What was this person's involvement with the incident?

FIG. 16J



30035707, 0000003

35/41

His/her location at the time of the incident?

Describe in detail exactly what he/she said

◀	▶	
◀	▶	

Describe any conversation this Witness had with the Complainant

◀	▶	
◀	▶	

B.

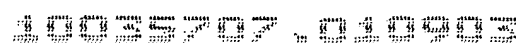
Name

Address

City

State

FIG. 16K



Describe any conversation this Witness had with the Complainant

FIG. 16L



٦

Name Address

City State

zip

Phone#

What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

FIG. 16M



Describe any conversation this Witness had with the Complainant

<div>◀</div>	<div>▶</div>	<div>▲</div>
		<div>▼</div>

IX. EMPLOYEE INCIDENT

Department

Title

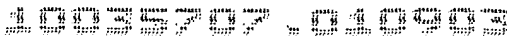
Supervisor

Type of incident: ☐ Injury ☐ Vehicle ☐ Property Damage

Type of injury

FIG. 16N



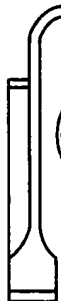


Please enter your UserID and password to continue:

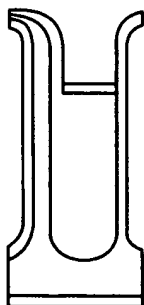
1720

1730

1740



Terrace Security



1710

DAR Summary



FIG. 17

41/41

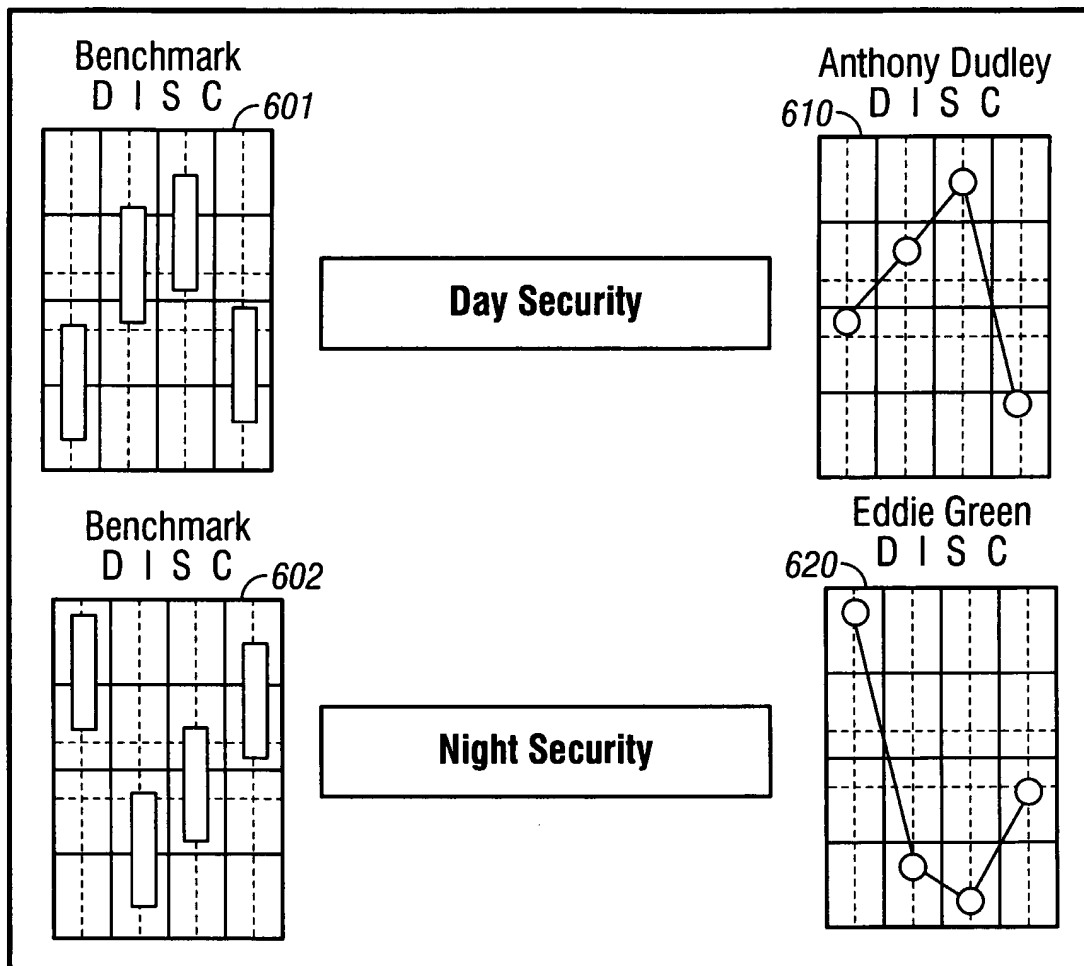


FIG. 19